



KNOW YOUR CUSTOMER (KYC) COMPLIANCE FORM

Address: Old Mutual Building, 30 Glyn Jones Road, Blantyre | P.O. Box 393, Blantyre, Malawi
Telephone: 265 (1) 820 677
Website: www.oldmutual.co.mw

**Please print in block letters using black or blue ink.
Tick blocks where applicable.**

A. CUSTOMER DETAILS

Title Initials

First name(s)

Surname

Previous surname

Date of birth

Gender: Male Female

B. IDENTIFICATION DETAILS

National ID number

Identification (Non-Malawians) Type: Passport Driver's license

Marital status Married Single Divorced Widowed

Country of birth Nationality (Citizenship)

Source of income Salaried Self-employed Commission

Your net monthly income MWK

Proof of source of Funds Payslip Bank statement Other (Specify)

Occupation Private Sector Public Sector Business Professional
Retired Student Other (Specify)

Profession

Occupational duty: Industry
Name of Employer
Other

C. CONTACT DETAILS

Preferred mode of communication Email Postal

Email address

Mobile number Alternative contact number

Physical address

***Please draw a map on a paper provided.**

Town/City

Country

Proof of address Title Documents/Tenancy or Lease agreement Latest water bill Latest electricity bill
NB: Not more than three months old

Postal address

Town/City

Country

D. PRODUCTS WITH OLD MUTUAL MALAWI

<u>Life Insurance / Savings</u>	<u>Unit Trust</u>	<u>Investment/Portfolio Management</u>
<input type="checkbox"/> Tsogolo	<input type="checkbox"/> Money Market Fund	<input type="checkbox"/> Money Market Investment Account
<input type="checkbox"/> Timba	<input type="checkbox"/> Balanced Fund	<input type="checkbox"/> Private Wealth Management
<input type="checkbox"/> Timbaplus	<input type="checkbox"/> Mpamba Fesa	
<input type="checkbox"/> Mlera Life Cover		
<input type="checkbox"/> Greenlife		
Other: <input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>

E. NEXT OF KIN

Title Initials

First name(s)

Surname

Previous surname

Date of birth

National ID number

Other Identification Type: Passport Driver's license

Relationship

Please tick the correct box:

I understand that Old Mutual Malawi is part of the Old Mutual Group with operations in several locations around the world. I hereby consent to Old Mutual Malawi sharing information, which I have provided with the Old Mutual Group, its affiliates, service providers, consultants and agents for the purposes of carrying on its business and in accordance with applicable law.

I declare that the statements and particulars on this form, whether in my own writing or not, are true and complete. I declare that I have not misstated or withheld any material facts.

Customer Signature